

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10813</u>	2 Fiscal Year Covered From <u>01 / 01 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Randy R Mudd</u> P O Box, Bldg, Room No, if any Street <u>1421 Maryland</u> City <u>Spfld</u> State <u>IL</u> ZIP Code + 4 <u>62702</u>	4 Name, file number, and address of labor organization Name <u>UNITED UNION OF ROOFERS</u> Labor Organization File Number <u>030589</u> P O Box, Building and Room Number, if any Street <u>1421 Maryland</u> City <u>Spfld</u> State <u>IL</u> ZIP Code + 4 <u>62702</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name <u>Indiana State Council of Roofers Health and Welfare Fund</u> Trade Name, if any P O Box Bldg, Room No, if any <u>5769</u> Street City <u>Lafayette,</u> State <u>IN</u> ZIP Code + 4 <u>47903-5769</u>

7 a Nature of Interest, Transaction, or Income

Reimbursement for Travel

7 b Amount

850.00

Signature

Randy R. Mudd

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Randy R Mudd

On

8/15/05

Date

217 525 3705

Telephone Number